09/19/2008 13:06

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Association Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2008 06 3 0 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Barney Greenberg, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Barney Greenberg, DPM 09 19 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Re		0 6 0 1 Y Y Y Y Y 2 0 0 8	To: 0 6 3 0 7 7 7 7 8
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1 Ž008 Y Y		322669.36
	(b) Cash on Hand at Begining of Reporting Period	408657.99	
	(c) Total Receipts (from Line 19)	50855.15	318460.19
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	459513.14	641129.55
	Total Disbursements (from Line 31)	73750.00	255366.41
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	385763.14	385763.14
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

0 1 3^D0 м м 0 6 м м 0 6 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 198581.22 25325.00 (i) Itemized (use Schedule A) 25530.15 115613.15 (ii) Unitemized (iii) TOTAL (add 50855.15 314194.37 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 50855.15 314194.37 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 4265.82 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 50855.15 318460.19 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 50855.15 318460.19 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	2670.41
	Expenditures(c) Total Operating Expenditures	0.00	2670.41
	(add 21(a)(i), (a)(ii) and (b))	0.00	2670.41
22.	Transfers to Affiliated/Other Party		
23.	Committees	0.00	0.00
-0.	Federal Candidates/Committeesand Other Political Committees	73500.00	252000.00
24.	Independent Expenditure		
5	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use scriedule i)		
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	250.00	651.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	250.00	651.00
20	Other Disbursements	0.00	45.00
29.	Other dispulsements	0.00	43.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
		0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	73750.00	255366.41
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	73750.00	255366.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	50855.15	314194.37
34.	Total Contribution Refunds (from Line 28(d))	250.00	651.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	50605.15	313543.37
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	2670.41
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	2670.41

FE6AN026

SCHEDULE A (FEC Form 3X)

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	e name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Josh White Mailing Address 562 Ridgewood Rd.			Date of Receipt 0 6 0 2 2 0 0 8
	City Maplewood	State NJ	Zip Code	Transaction ID: 15526342
	FEC ID number of contributing federal political committee.	C	07040-2100	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify)		n Physician e Year-to-Date ▼	
– В.	Full Name (Last, First, Middle Initial) Dr. Alan M. Singer Mailing Address 25955 Wellington Ct.	0 0		Date of Receipt 0 6 0 2 2 0 0 8
	City	State	Zip Code	Transaction ID: 15527215
	Calabasas FEC ID number of contributing federal political committee.	CA	91302-3124	Amount of Each Receipt this Period 300.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify)		n Physician Year-to-Date ▼	
_ C.	Full Name (Last, First, Middle Initial) Dr. Subodh K. Choudhary Mailing Address 310 Raven Rd.			Date of Receipt 0 6 0 2 2 0 0 8
	City	State	Zip Code	Transaction ID: 15527222
	Greenville FEC ID number of contributing federal political committee.	SC	29615-4248	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation	n Physician	
	Receipt For: Primary General Other (specify)	. '	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 48 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Assoc	nd Statements may not be sold or used by any persong the name and address of any political committee to iation Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert J. Lenfestey, Sr. Mailing Address 113 Birklands Dr.		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Cary</u>	State Zip Code NC 27518-8205	Transaction ID: 15527226 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Piedmont Foot & Ankle Cli- nic Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William P. Crotty Mailing Address 5601 Park Ave.	Date of Receipt 0 6 0 2 2 0 0 8	
City	0 6 0 2 2 0 0 8 Transaction ID: 15542429	
Fort Smith	State Zip Code AR 72903-1428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2800.00
Name of Employer Crotty Foot Clinic, P.A.	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	
Full Name (Last, First, Middle Initial) Dr. Ronica N. Holcombe	'	Date of Receipt
Mailing Address 9723 Windy Hollov	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City <u>Irving</u>	State Zip Code TX 75063-5010	Transaction ID: 15542430 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	al)	3350.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	d Statements may not be sold or used by any pers the name and address of any political committee t ation Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kevin Arthur Kirby Mailing Address 5936 Winterham W	ay	Date of Receipt
City Sacramento FEC ID number of contributing	State Zip Code CA 95823-7606	Transaction ID: 15542433 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	230.00
Full Name (Last, First, Middle Initial) Dr. Karl A. Boesenberg Mailing Address 320 Oceanview Dr.	Date of Receipt 0 6 0 2 2 0 0 8	
City	Transaction ID: 15542437	
Anchorage FEC ID number of contributing federal political committee.	AK 99515-3752	Amount of Each Receipt this Period 250.00
Name of Employer AK Podiatry Associates	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Odin De Los Reyes		Date of Receipt
Mailing Address 22 Wedge Dr.		0 6 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15542465
Meriden FEC ID number of contributing federal political committee.	CT 06450-6966	Amount of Each Receipt this Period 300.00
Name of Employer Self Employed		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optiona	l)	800.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Associatio	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \.	Full Name (Last, First, Middle Initial) Dr. Richard D. Odom	- Cittodi 7	loadii Gommittee	Date of Receipt
	Mailing Address Scott & White Hospital 600 S. 25th St., Santa			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 15542476
	Temple FEC ID number of contributing federal political committee.	C	76504	Amount of Each Receipt this Period 250.00
	Name of Employer Scott & White Hospital	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Grace Ting Mailing Address 5604 Freeman Ave.			Date of Receipt
		06 03 2008		
	City	State	Zip Code	Transaction ID: 15542533
	La Crescenta FEC ID number of contributing federal political committee.	CA	91214-1517	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Mark Wayne Scott			Date of Receipt
	Mailing Address 15250 Shoreline Dr.			06 03 2008
	City	State	Zip Code	Transaction ID: 15543796
	Thornville	OH	43076-8855	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 48 (check only one) X 11a
0	ny information copied from such Reports and s r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Association	on Political A	Action Committee	
۷. ا	Full Name (Last, First, Middle Initial) Dr. William Charles Jones			Date of Receipt
	Mailing Address 10517 S. Toledo	01-1-	7'. 0.4.	06 03 2008
	City Tulsa	State OK	Zip Code 74137-6228	Transaction ID: 15543798 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	74137-0220	250.00
	Name of Employer Self Employed	Occupation	n : Physician	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) Lynn Homisak			Date of Receipt
	Mailing Address 3866 Monterey Pl. N.I	06 03 2008		
	City	State	Zip Code	Transaction ID: 15543805
	Renton	WA	98056-4208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self-Employed	Occupation Podiatric	_{on} : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Dr. Robert C. Miklos			Date of Receipt
	Mailing Address 6634 W. Archer Ave.			0 6 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 15572753
	Chicago FEC ID number of contributing federal political committee.	C	60638-2408	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Podiatric	n Physician	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Г		_1		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	fo	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 48 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa			
Full Name (Last, First, Middle Initial) Dr. Sandra J. Loving Mailing Address 816 Sherman Ct. City Marina FEC ID number of contributing federal political committee. Name of Employer Palo Alto V.H.C.S. Receipt For: Primary General Other (specify)	State CA C Occupation Podiatric Phy Aggregate Yea		Date of Receipt M M M O D D O 2008 Transaction ID: 15572761 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Paul G. Lorincy Mailing Address 1738 Gregory St. City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State PA C Occupation Podiatric Phy Aggregate Yea		Date of Receipt M M M O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) Dr. Mark C. Baxter Mailing Address 316 Old Castle Rd. City Kingsport FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State TN C Occupation Podiatric Phy Aggregate Yea		Date of Receipt M M M / D D / Y Y Y Y Y 0 6 0 9 2 0 0 8 Transaction ID: 15573774 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional		<u> </u>	1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Association	on Political A	action Committee	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Richard J. Egerman			Date of Receipt
	Mailing Address 11313 Seagrass Cir.	Otata	7'- 0-1-	06 09 2008
	City Boca Raton	State FL	Zip Code 33498-4920	Transaction ID: 15573777 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00430 4020	250.00
	Name of Employer Self Employed	Occupatio Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Marc J. Hudes	1		Date of Receipt
	Mailing Address 22 Sunset Dr.			06 09 2008
	City	State	Zip Code	Transaction ID: 15573780
	Monticello	NY	12701-4500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Family Foot Care Group	Occupatio Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 c.	Full Name (Last, First, Middle Initial) Dr. Steve R. Feller	Date of Receipt		
	Mailing Address 7507 Custer Rd. W.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 15574110
	Tacoma	WA	98499-8138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupatio Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
	OTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 48 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Association	n Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Tod Sherman Reed			Date of Receipt
Mailing Address 500 S. Wintergreen Dr.	0 6 0 9 2 0 0 8		
City	State	Zip Code	Transaction ID: 15574566
Yorktown	IN	47396-9246	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio	n Physician	
Receipt For:	-	e Year-to-Date ▼	
Primary General Other (specify) ▼	gg. ogdic	250.00	
Full Name (Last, First, Middle Initial) Dr. Shane Kelvin Burchfield	Date of Receipt		
Mailing Address 6132 Harpers Dairy Loc	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 15576929
Bessemer	AL	35022-6368	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed	Occupatio Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark L. Willats	Date of Receipt		
Mailing Address Western Plains Foot Co 2 W. 42nd St. #2700	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 15576930
Scottsbluff	NE	69361-4669	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00		
Name of Employer Western Plains Foot Center	Occupatio Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 48 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per re name and address of any political committee	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associat	ion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Melvin Bernard Price		Date of Receipt
Mailing Address 5130 44th St. W.		06 12 2008
City	State Zip Code	Transaction ID: 15587949
Bradenton FEC ID number of contributing federal political committee.	FL 34210-2970	Amount of Each Receipt this Period 250.00
Name of Employer Riverview Foot & Ankle Specialists	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael Forte-Malave		Date of Receipt
Mailing Address Carr. #115 Km. 15.8		06 13 7 2008
City	State Zip Code	Transaction ID: 15595891
Rincon FEC ID number of contributing federal political committee.	PR 00677	Amount of Each Receipt this Period 250.00
Name of Employer PIES	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. William T. Beasley	<u> </u>	Date of Receipt
Mailing Address 1317 Leighton Cir.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15595894
Louisville	KY 40222-5666	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 48 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Podiatric Medical Associations (In Full)	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Gerald L. Cosentino Mailing Address Bayshore Podiatry 417 S. Hyde Park		Zip Code	Date of Receipt M M
Tampa FEC ID number of contributing federal political committee.	FL C	33606-2268	Amount of Each Receipt this Period 250.00
Name of Employer Bayshore Podiatry Center Receipt For: Primary General Other (specify) ▼		Physician Perent-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. William R. Kuglar Mailing Address 542 Hawthorne We	oods Dr.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15597234
Eagan	MN	55123-3059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed		Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard E. Ehle	'		Date of Receipt
Mailing Address 61 Black Walnut L	n.		0 6 1 8 2 0 0 8
City	State	Zip Code	Transaction ID: 15606525
Burlington FEC ID number of contributing federal political committee.	C	06013-2205	Amount of Each Receipt this Period 150.00
Name of Employer CT Foot Care Centers	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	al)		650.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	name and ad	ldress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Dr. Michael W. Heaslet			Date of Receipt
	Mailing Address 4950 Barranca Pkwy. #	308		06 20 2008
	City	State	Zip Code	Transaction ID: 15606664
	Irvine	CA	92604-4631	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Podiatric	on c Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) Dr. William M. Jenkin			Date of Receipt
	Mailing Address 130 Nadina Way			0 6 2 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 15607892
	Greenbrae	CA	94904-1131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CA College of Pod. Med.	Occupation Podiatric	on c Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Mr. David W. Lee			Date of Receipt
	Mailing Address 1016 Hamilton St. #1			0 6 2 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 15607893
	Philadelphia	PA	19123-3725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Student	Occupation Podiatric	on c Student	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 290.00	
	SUBTOTAL of Receipts This Page (optional)		__	1000.00
ŀ				

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 48 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Podiatric Medical Association	and Statements may not be sold or used by any person g the name and address of any political committee to station Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
/	Matter Follow Follow Committee	
Full Name (Last, First, Middle Initial) Dr. Scot L. Roberg		Date of Receipt
Mailing Address 1690 Buena Vista	St.	06 24 2008
City	State Zip Code	Transaction ID: 15607894
<u>Ventura</u>	CA 93001-2215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Arnold L. Serkin		Date of Receipt
Mailing Address 3400 W. Lomita B	lvd. #403	M M / D D / Y Y Y Y Y Y Y O 6 2 4 2 0 0 8
City	State Zip Code	Transaction ID: 15607895
Torrance	CA 90505-4901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Joshua Gerbert		Date of Receipt
Mailing Address 16 Fairview Ave.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15607896
Corte Madera	CA 94925-0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	nal)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 48 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Association	n Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Timothy Scott Kneebone			Date of Receipt
Mailing Address 6888 N. Auburn Cir.			06 24 YYYY 2008
City	State	Zip Code	Transaction ID: 15607897
<u>Moorpark</u>	CA	93021-1304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed	Occupatio Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ernest J. Hook			Date of Receipt
Mailing Address 9861 Inwood Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15607898
Folsom	CA	95630-1913	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Steven Swartz			Date of Receipt
Mailing Address 16122 Santa Barbara L	₋n.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15607899
Huntington Beach	CA	92649-2178	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Podiatric	n Physician	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

City State Zip Code Montebello CA 90640-3515 FEC ID number of contributing tederal political committee. Name of Employer Self	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 17
American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Vas Keleklam Mailing Address 717 De Palma Way City State Zip Code CA 90640-3515 FEC ID number of contributing federal political committee. Name of Employer Self Employed Cly State Zip Code CA 90640-3515 FEC ID number of contributing federal political committee. Name of Employer Name (Last, First, Middle Initial) Dr. George John Maraczi Mailing Address 24192 Rue de Gauguin City State Zip Code CA 92677-6101 Date of Receipt Dat	Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
L. D. Ara Kalekian Mailing Address 717 De Palma Way City State Zip Code Montebello CA 90640-3515 FEC ID number of contributing federal political committee. Name of Employer Laguna Niguel Podiatry Group Occupation Podiatric Physician Receipt For: Aggregate Vear-to-Date ▼ 10 6 2 4 2 0 0.8 Transaction ID: 15607900 Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt Transaction ID: 15607900 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 15607901 Amount of Each Receipt this Period Transaction ID: 15607901 Amount of Each Receipt this Period Transaction ID: 15607901 Amount of Each Receipt this Period Transaction ID: 15607901 Amount of Each Receipt this Period Transaction ID: 15607901 Amount of Each Receipt this Period Transaction ID: 15607901 Amount of Each Receipt this Period Transaction ID: 15607901 Amount of Each Receipt this Period Transaction ID: 15607901 Amount of Each Receipt this Period Transaction ID: 15607901 Amount of Each Receipt this Period Transaction ID: 15607901 Amount of Each Receipt this Period Transaction ID: 15607901 Transaction ID: 15607906 Transaction ID: 15607901 Amount of Each Receipt this Period Transaction ID: 15607906 Transaction ID: 15		tion Political Action Committee	
City Montebello CA Sp849-3515 FEC ID number of contributing federal political committee. C Self Employed Podiatric Physician Receipt For: Primary General Other (specifty) ▼ City Laguna Niguel FEC ID number of contributing federal political committee. City State Zip Code CA Sp849-3515 C C Cocupation Podiatric Physician Aggregate Year-to-Date ▼ Transaction ID: 1560/7900 Date of Receipt Imis Period Date of Receipt Imis Period Transaction ID: 1560/7901 Date of Receipt Imis Period Transaction ID: 1560/7901 Amount of Each Receipt Imis Period Transaction ID: 1560/7901 Transaction ID: 1560/7901 Transaction ID: 1560/7901 Amount of Each Receipt Imis Period Transaction ID: 1560/7901 Transaction ID: 1560/7901 Amount of Each Receipt Imis Period Transaction ID: 1560/7901 Transaction ID: 1560/7901	•		Date of Receipt
Montebello FEC ID number of contributing federal political committee. Name of Employer Sell Employed Cocupation Podiatric Physician Receipt For: Laguna Niguel Podiatry Group Other (specify) ▼ State Zip Code Laguna Niguel Podiatry Group Cocupation Podiatric Physician Receipt For: Laguna Niguel Podiatry Group Other (specify) ▼ State Zip Code Laguna Niguel Podiatry Group Other (specify) ▼ Date of Receipt Transaction ID: 15607901 Amount of Each Receipt this Period Transaction ID: 15607901 Amount of Each Receipt this Period Transaction ID: 15607901 Amount of Each Receipt this Period Transaction ID: 15607901 Amount of Each Receipt this Period Transaction ID: 15607906 Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 15607906 Transaction ID		Chata Zin Coda	06 24 2008
FEC ID number of contributing federal political committee. Name of Employer Self Emp		· .	
Receipt For: Primary	FEC ID number of contributing		250.00
Receipt For:	Name of Employer Self Employed	·	
Date of Receipt Mailing Address 24192 Rue de Gauguin City State Zip Code Laguna Niguel CA 92677-6101 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code Primary General Cother (specify) ▼ State Zip Code CA 92677-6101 Amount of Each Receipt this Period Transaction ID: 15607901 Amount of Each Receipt this Period Podiatric Physician Aggregate Year-to-Date ▼ Tullare CA 93274-2221 Pagresate Year-to-Date ▼ Transaction ID: 15607901 Amount of Each Receipt this Period Date of Receipt Transaction ID: 15607906 Transaction ID: 15607906 Transaction ID: 15607906 Amount of Each Receipt M M M O D D D O D O D D O D D O D D D O D D O D D O D D D D D D D D D D D D D D D D D D D D	Primary General	Aggregate Year-to-Date ▼	
City Laguna Niguel CA 92677-6101 FEC ID number of contributing federal political committee. Name of Employer Laguna Niguel Podiatry Group Receipt For: Primary Other (specify) ▼ C State C City State CA 92677-6101 Amount of Each Receipt this Period C Coccupation Podiatric Physician Aggregate Year-to-Date ▼ Transaction ID: 15607901 Amount of Each Receipt this Period C Date of Receipt Transaction ID: 15607901 Amount of Each Receipt this Period Date of Receipt Transaction ID: 15607901 Amount of Each Receipt this Period Date of Receipt Transaction ID: 15607906 Amount of Each Receipt this Period C Transaction ID: 15607906 Amount of Each Receipt this Period C State CD Transaction ID: 15607906 Amount of Each Receipt this Period Amount of Each Receipt this Period C Sound Transaction ID: 15607906 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 15607906 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 15607906 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 15607906 Amount of Each Receipt this Period Transaction ID: 15607906 Amount of Each Receipt this Period Transaction ID: 15607906 Amount of Each Receipt this Period Transaction ID: 15607906 Amount of Each Receipt this Period Transaction ID: 15607906 Amount of Each Receipt this Period Transaction ID: 15607906 Amount of Each Receipt this Period			Date of Receipt
Laguna Niguel CA 92677-6101 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Laguna Niguel Podiatry Group Receipt For: Primary General Other (specify) ▼ City Tulare CA 92677-6101 Amount of Each Receipt this Period 250.00 Docupation Podiatric Physician Aggregate Year-to-Date ▼ Date of Receipt M M / D D / D / Y Y Y Y O O O O O O O O O O O O O O O	Mailing Address 24192 Rue de Gaug	uin	
FEC ID number of contributing federal political committee. Name of Employer Laguna Niguel Podiatry Group Podiatric Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph W. Reynolds Mailing Address 1295 Richard Smith Ave. City State Zip Code Tulare CA 93274-2221 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed Podiatric Physician Receipt For: Primary General Occupation Podiatric Physician Aggregate Year-to-Date ▼ State Zip Code Transaction ID: 15607906 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ State Zip Code Transaction ID: 15607906 Amount of Each Receipt this Period State Tip Code Transaction ID: 15607906 Amount of Each Receipt this Period State Tip Code Transaction ID: 15607906 Amount of Each Receipt this Period State Tip Code Transaction ID: 15607906 Amount of Each Receipt this Period State Tip Code Transaction ID: 15607906 Amount of Each Receipt this Period State Tip Code Transaction ID: 15607906 Transaction ID: 15607906 Amount of Each Receipt this Period State Tip Code Transaction ID: 15607906 Transaction ID: 15607906 Amount of Each Receipt this Period State Tip Code Transaction ID: 15607906 Transaction ID: 15607906 Amount of Each Receipt this Period State Tip Code Transaction ID: 15607906 Transaction ID: 15607906 Amount of Each Receipt this Period State Tip Code Transaction ID: 15607906 Transaction ID: 156079		'	Transaction ID: 15607901
Name of Employer Laguna Niguel Podiatry Gr- Oup Receipt For: Primary General Qther (specify) ▼	Laguna Niguel	CA 92677-6101	Amount of Each Receipt this Period
Laguna Niguel Podiatry Group Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph W. Reynolds Mailing Address 1295 Richard Smith Ave. City State Zip Code Tulare CA 93274-2221 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Occupation Podiatric Physician Aggregate Year-to-Date ▼ Transaction ID: 15607906 Amount of Each Receipt this Period State Zip Code Transaction ID: 15607906 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Podiatric Physician Aggregate Year-to-Date ▼ 1000 00		C	250.00
Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. Joseph W. Reynolds Mailing Address 1295 Richard Smith Ave. City State Zip Code Tulare CA 93274-2221 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000 000	Laguna Niguel Podiatry Gr-	·	
Dr. Joseph W. Reynolds Mailing Address 1295 Richard Smith Ave. City State Zip Code Tulare CA 93274-2221 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 15607906 Amount of Each Receipt this Period C 500.00	Primary General		
City Tulare CA 93274-2221 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Aggregate Year-to-Date Descript Code Transaction ID: 15607906 Amount of Each Receipt this Period C Source Transaction ID: 15607906 Amount of Each Receipt this Period Footpation F			Date of Receipt
Tulare CA 93274-2221 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Podiatric Physician Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 500.00	Mailing Address 1295 Richard Smith	Ave.	
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Occupation Podiatric Physician Aggregate Year-to-Date 500.00		•	
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Occupation Podiatric Physician Aggregate Year-to-Date 500.00	FEC ID number of contributing		Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			_
Primary General Other (specify) ▼ 500.00	Self Employed	·	
SUBTOTAL of Receipts This Page (optional)	Primary General		
SUBTUTAL OF Receipts This Page (optional)	CURTOTAL (CRINICAL TILL ROLL (CRINICAL TILL ROLL)		1000.00
	SUBTOTAL of Receipts This Page (optional))	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 48 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	the name and address	ss of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Paul R. Scherer Mailing Address 1955 Webster St.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Francisco FEC ID number of contributing	State CA	Zip Code 94115-0000	Transaction ID: 15607907 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation Podiatric Pr	nysician ear-to-Date ▼ 250.00	1
Full Name (Last, First, Middle Initial) Dr. Rodney J. Chan Mailing Address San Francisco Podi 3801 Sacramento S			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Francisco	State CA	Zip Code 94118-1664	Transaction ID: 15607908 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer San Francisco Podiatry Group Receipt For: Primary Other (specify) ▼	Occupation Podiatric Ph Aggregate Ye	nysician ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David Brian Day	'		Date of Receipt
Mailing Address 2818 Pacific View T	rl.		0 6 2 4 2 0 0 8
City Los Angeles	State CA	Zip Code	Transaction ID: 15607909
FEC ID number of contributing federal political committee.	C	90068-2046	Amount of Each Receipt this Period 250.00
Name of Employer Facey Medical Group	Occupation Podiatric Pr	nysician	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona) 		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per he name and address of any political committee	
American Podiatric Medical Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Gary R. Dorfman		Date of Receipt
Mailing Address 6201 Valley Circle B		06 24 2008
City Woodland Hills	State Zip Code CA 91367-1157	Transaction ID: 15607910 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 31307-1137	250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Suzette Lee		Date of Receipt
Mailing Address 1307 Indiana Ave.		06 24 2008
City	State Zip Code	Transaction ID: 15607911
South Pasadena	CA 91030-0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Kaiser Permanente Medical Center	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Jerome A. Wisniew		Date of Receipt
Mailing Address 2705 28th St.		0 6 2 4 2 0 0 8
City	State Zip Code	Transaction ID: 15607912
San Diego	CA 92104-4902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

Seal Beach FEC ID number of contributing federal political committee. Name of Employer Woodward Laboratories, In-C. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Steven L. Ginex Mailing Address 77685 Justin Ct. City Amount of C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00 Date of R Mailing Address 77685 Justin Ct. Transaction	eceipt
A. Dr. Kenneth B. Gerenraich Mailing Address 4824 Hazelnut Ave. City State Zip Code Seal Beach CA 90740-3019 FEC ID number of contributing federal political committee. Name of Employer Woodward Laboratories, Inc. C. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Steven L. Ginex Mailing Address 77685 Justin Ct. City State Zip Code Transactive Aggregate Year-to-Date ▼ Date of R M	2 4 2 0 0 8 on ID: 15607913 f Each Receipt this Period
City State Zip Code Transactic Amount of Employer Woodward Laboratories, In- Other (specify) ▼	24 2008 on ID: 15607913 f Each Receipt this Period
Seal Beach FEC ID number of contributing federal political committee. Name of Employer Woodward Laboratories, Ing. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Steven L. Ginex Mailing Address 77685 Justin Ct. City State Zip Code Transacting Amount of C City State Zip Code Transacting C Palm Desert CA 92211-6238 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Amount of C City State Zip Code Transacting Amount of C Transacting Amount of C Amount of C	f Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Woodward Laboratories, In- G. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Steven L. Ginex Mailing Address 77685 Justin Ct. City State Zip Code Palm Desert CA 92211-6238 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction Aggregate Year-to-Date ▼	
C. Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Palm Name (Last, First, Middle Initial) Dr. Steven L. Ginex Mailing Address 77685 Justin Ct. City State Zip Code Transacti Palm Desert CA 92211-6238 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary Other (specify) ▼	
Primary General Other (specify) ▼ Primary General Other (specify) ▼	
Date of R Mailing Address 77685 Justin Ct.	
Mailing Address 77685 Justin Ct. City State Zip Code Palm Desert CA 92211-6238 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	eceipt
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FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	on ID: 15607914
Name of Employer Self Employed Receipt For: Primary Occupation Podiatric Physician Aggregate Year-to-Date 250.00	f Each Receipt this Period 250.00
Receipt For: Primary Other (specify) Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial)	
Date of R	eceipt
Mailing Address P.O. Box 2111	24 2008
	on ID: 15607915
	f Each Receipt this Period
FEC ID number of contributing federal political committee.	500.00
Name of Employer Occupation Self Employed Podiatric Physician	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional)	• • • • • • • •

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports arour for commercial purposes, other than using	nd Statements may not be sold or used by any the name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Michael L. Boyd		Date of Receipt
Mailing Address 3934 W. Grove Ct.		06 24 2008
City	State Zip Code	Transaction ID: 15607922
<u>Visalia</u>	CA 93291-4163	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Sequoia Foot Care Group	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Bruce A. Olson	1	Date of Receipt
Mailing Address 6000 Bridgeview D	r.	0 6 2 4 2 0 0 8
City	State Zip Code	Transaction ID: 15607923
<u>Ventura</u>	CA 93003-1203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Diane D. Branks		Date of Receipt
Mailing Address 9 La Torre Dr.		0 6 2 4 Y Y Y Y Y
City	State Zip Code	Transaction ID: 15607924
Phillips Ranch	CA 91766-4876	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Kaiser Permanente	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16
	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associat	ion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Riyanto R. Quemena		Date of Receipt
Mailing Address 1649 La Ramada Avo	e. State Zip Code	0 6 2 4 2 0 0 8 Transaction ID: 15607957
Arcadia	CA 91006-1823	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Alhambra Medical Arts Pod- iatry	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Kirk A. Koepsel		Date of Receipt
Mailing Address 327 Pebblebrook Dr.		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 15607972
Seabrook	TX 77586-6010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Bay Area Podiatry Associa- tes	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	525.00	
Full Name (Last, First, Middle Initial) Dr. Stuart C. Steinberg		Date of Receipt
Mailing Address 11273 Dona Lisa Dr.		0 6 2 4 2 0 0 8
City	State Zip Code	Transaction ID: 15607983
Studio City	CA 91604-4314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Burbank Foot Care Center	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	300.00	
CURTOTAL of Descripto This Descriptoral		475.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associati	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Joseph M. Hughes		Date of Receipt
Mailing Address 2311 Ocean View Dr. City	State Zip Code	0 6 2 4 2 0 0 8 Transaction ID: 15607985
Signal Hill	CA 90755-3778	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Los Alamitos Foot Center	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr. Barry L. Scurran	1	Date of Receipt
Mailing Address Kaiser Permanente M 27400 Hesperian Blvd	l.	06 24 2008
City	State Zip Code CA 94545-4235	Transaction ID: 15607986
Hayward FEC ID number of contributing federal political committee.	CA 94545-4235	Amount of Each Receipt this Period 250.00
Name of Employer Kaiser Permanente Medical Ctr.	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. David D. Mullens		Date of Receipt
Mailing Address 1101 Welch Rd. #C6		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15607987
Palo Alto	CA 94304-1904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .	1	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 48 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	ation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Donald Paul Feigelson			Date of Receipt
Mailing Address 19641 Bermuda St.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15607988
Chatsworth FEC ID number of contributing federal political committee.	CA	91311-1907	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Joseph Ronald Errico			Date of Receipt
Mailing Address 45510 Rainbow Car	nyon Rd.		0 6 2 4 2 0 0 8
City Temecula	State CA	Zip Code	Transaction ID: 15607989
FEC ID number of contributing federal political committee.	C	92592-5965	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation	n Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Carla Isabel Docharty			Date of Receipt
Mailing Address 3800 J St. #200			0 6 2 4 2 0 0 8
City	State	Zip Code	Transaction ID: 15608009
Sacramento FEC ID number of contributing federal political committee.	CA	95816-5551	Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
			900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 48 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Assoc	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stephen C. White Mailing Address 3801 Sacramento	St. #621		Date of Receipt
City San Francisco	State CA	Zip Code 94118-1664	Transaction ID: 15608014 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupatio Podiatric	n Physician	200.00
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Peter Schaaff Wadhams Mailing Address 1710 Belmont Ln.	'		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15608018
Redondo Beach	CA	90278-4118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed		Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Randall J. Sarte	•		Date of Receipt
Mailing Address 6340 Almond Ave.			06 24 2008
City	State	Zip Code	Transaction ID: 15608019
Orangevale	CA	95662-3932	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed		Physician	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)		700.00

or for commercial p NAME OF COM American Po	purposes, other than using the MMITTEE (In Full) diatric Medical Association, First, Middle Initial) g in 165 Burroughs Dr. of contributing committee. yer General	State NY C Occupatior Podiatric	Iress of any political committee to ction Committee Zip Code 14226-3968	Date of Receipt Date of Receipt Amount of Each Receipt this Period
Full Name (Last Dr. Daniel Keatin Mailing Address City Buffalo FEC ID number federal political Name of Employed	diatric Medical Association, First, Middle Initial) g 165 Burroughs Dr. of contributing committee. yer General	State NY C Occupation Podiatric	Zip Code 14226-3968	Transaction ID: 15608082 Amount of Each Receipt this Period
Dr. Daniel Keatin Mailing Address City Buffalo FEC ID number federal political Name of Employed	g 165 Burroughs Dr. of contributing committee.	Occupation Podiatric	14226-3968	Transaction ID: 15608082 Amount of Each Receipt this Period
City Buffalo FEC ID number federal political Name of Emplo	of contributing committee.	Occupation Podiatric	14226-3968	Transaction ID: 15608082 Amount of Each Receipt this Period
Buffalo FEC ID number federal political Name of Emplo Self Employed	yer General	Occupation Podiatric	14226-3968	Amount of Each Receipt this Period
FEC ID number federal political Name of Emplo Self Employed	yer General	Occupation Podiatric		
	General	Podiatric		
Receipt For:		Aggregate	i ilyololali	
Primary Other (sp	· ·	0 0	Year-to-Date ▼ 300.00	
Dr. Theodore G.				Date of Receipt
Mailing Address	Podiatry Care Speciali 3319 W. Chester Pk.	ists, P.C.		06 20 7 2008
City Newtown Squ	loro	State PA	Zip Code	Transaction ID: 15611801
FEC ID number federal political	of contributing	C	19073-4226	Amount of Each Receipt this Period 500.00
Name of Emplo Self Employed	yer	Occupation Podiatric	n Physician	
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last	, First, Middle Initial)			Date of Receipt
Mailing Address	6578 Post Oak Dr.			06 25 2008
City West Bloomf	ield	State MI	Zip Code 48322-3830	Transaction ID: 15612403
FEC ID number federal political	of contributing	C	40322-3030	Amount of Each Receipt this Period 250.00
Name of Emplo Self Employed	yer	Occupation Podiatric	n Physician	7
Receipt For: Primary Other (sp	☐ General ecify) ▼	1 '	Year-to-Date ▼ 500.00	
SUBTOTAL of Re	eceipts This Page (optional)			900.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 48 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to ciation Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Raymond G. Cavaliere Mailing Address 28 Cedar Ridge L City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Dix Hills FEC ID number of contributing federal political committee.	NY 11746-7941	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Angelo B. Sutera, Jr. Mailing Address 5 Powell Ct.		Date of Receipt 0 6 2 6 2 0 0 8
City	State Zip Code	Transaction ID: 15618135
Glen Mills	PA 19342-1781	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Gary L. Dockery		Date of Receipt
Mailing Address 5101 23rd Ave. W	l.	0 6 3 0 / Y Y Y Y Y
City <u>Everett</u>	State Zip Code WA 98203-1526	Transaction ID: 15620494
FEC ID number of contributing federal political committee.	C 98203-1326	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optio		650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 48 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Associat			
Full Name (Last, First, Middle Initial) Dr. Leonard C. Sanchez			Date of Receipt
Mailing Address 8666 LaTremolina Lr	1.		06 30 7 2008
City	State	Zip Code	Transaction ID: 15620495
Whittier	CA	90605-0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Podiatric	n Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. Paul F. Brezinski			Date of Receipt
Mailing Address 720 N. Kaspar Ave.			06 30 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15620496
Arlington Heights	<u> </u>	60004-5324	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) Dr. David Glen Wade			Date of Receipt
Mailing Address 1804 Elmhurst Ave.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15922199
Nichols Hills	OK	73120-4718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		0.00
Name of Employer Self Employed	Occupation Podiatric	n Physician	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$50-0.00
SUBTOTAL of Receipts This Page (optional)			800.00
			25325.00

Image# 28933098994

IT Any	•	for each category of the Detailed Summary Page Statements may not be sold or used by a	FOR LINE NUMBER: (check only one) 21b 22 23 24 25 26 27 X 28a 28b 28c 29 30b any person for the purpose of soliciting contributions mittee to solicit contributions from such committee
	NAME OF COMMITTEE (In Full) American Podiatric Medical Association		THREE TO SOME CONTRIBUTION FROM SUCH COMMITTEE
	Full Name (Last, First, Middle Initial) Dr. David Glen Wade Mailing Address 1804 Elmhurst Ave.		Transaction ID: 15572805 Date of Disbursement M 6 M / D 6 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Nichols Hills Purpose of Disbursement Candidate Name	Ca	Amount of Each Disbursement this Period 250.00 010 attegory/ Type
	Office Sought: House Dis Senate President State: District:	sbursement For: Primary General Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	•	250.00

		3 (FEC Form	-	Use sepa	arate schedule(s)			E NUMB	ER:		F	PAGE	32 / 4	18
ITE	EMIZED DIS	SBURSEMEN	ITS	for each	category of the Summary Page	(cn	еск on 21b 27	ly one) 22 28a	تنا	23 28b	24	, 	25 29	$\prod_{i=1}^{\infty}$
		ed from such Reports												
\setminus	NAME OF COM	·												
	,	First, Middle Initial) Re-Elect Nydia Ve	lazquez						saction of Dis		1557 ement	3737		
	Mailing Address	315 Inspiration	lane					0 6	S M /	^D 0	9 /	Ý Ž	0 0 8	Y
	City Gaithersburg			State MD	Zip Code 20878			Amo	ount of	Each	Disburs			-
	Purpose of Disbu	ırsement				011				•		10	00.00)
	Candidate Name Nydia Velasqu		Diahuraa	mont For	2008	atego Type	-							
	Office Sought: State: NY	X House Senate President District: 00	Disburse	ment For: Primary Other (spe	2008 General ecify) ▼									
	Full Name (Last,	First, Middle Initial) gress Committee							saction		1557 ement	3739	1	
	Mailing Address	2227 Hampton	Street					o [™] €	S M /	^D 0	9 /	^Y 2	0 ŏ 8	Y
	City Pittsburgh			State PA	Zip Code 15218			Amo	ount of	Each	Disburs	emen	t this P	'erio
	Purpose of Disbu					011						10	00.00)
	Candidate Name Rep. Michael F					atego Type								
	Office Sought: State: PA	X House Senate President District: 14	Disburse	ment For: Primary Other (spe	2005 X General ecify)									
	Full Name (Last, Berman For C	First, Middle Initial) ongress	1					Date	of Dis	sburse				_
	Mailing Address	10200 Sepulve	da Blvd #3	800				o ^M 6	S M /	□0	9 /	ž	0 0 8	Y
	City Mission Hills			State CA	Zip Code 91345			Amo	ount of	Each	Disburs			-
	Purpose of Disbu					011				•		10	00.00)
	Candidate Name Howard L. Ber	man				tego Type	-							
	Office Sought: State: CA	X House Senate President District: 26	Disburse	ment For: Primary Other (spe	2005 X General ecify) ▼									
	Sidie. UA	טואוווטו. 20												
													00.00	

SCHEDULE B (FEC Form 3X)

	ENIZED DISCUSSIONES	Use separate schedule(s	())K LINE neck only		л.			1 70	iE 33 / 4	+0
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	\blacksquare	24 28c	25 29	26
	y Information copied from such Reports and Stater for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) American Podiatric Medical Association P	e and address of any politica	al com									8
\ <u>/_</u> ∖.	Full Name (Last, First, Middle Initial) Wicker for Senate Mailing Address 104 Hume Avenue							sburs			43 2 0 0 8	3 ^Y
	City Alexandria Purpose of Disbursement	State Zip Code VA 22301		•		Amou	int o	f Each	Disb	-	ent this I	
	Candidate Name Rep. Roger Wicker Office Sought: House Disburs	ement For: 2005		01 ateg Typ	ory/							
	X Senate President State: MS District:	Primary X General Other (specify) ▼										
3.	Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee Mailing Address P O Box 260							sburs			45 2 0 0 8	3 Y
	City Newtonville Purpose of Disbursement	State Zip Code MA 02460		01	1	Amou	int of	f Each	Disb		ent this f	
	ů X	ement For: 2008 Primary General Other (specify)	1	ateg Typ	ory/ e							
 :.	Full Name (Last, First, Middle Initial) Battle Born PAC							sburs				Y
	Mailing Address 514 G St SE City Washington	State Zip Code DC 20003				O 6	ınt o			ursem	Ž 0 Ö 8	
	Purpose of Disbursement Candidate Name			01 ateg Typ	ory/		•	•			2500.0	0
	Office Sought: House Disburs	ement For: Primary General Other (specify)	1	<u> </u>								
Г	UBTOTAL of Disbursements This Page (optional)						_	•			1500.00	n .

Purpose of Disbursement Candidate Name Sen. John Kerry Office Sought:		Use sep	arate schedule(s)		NUMBER: PAGE 34 / 48
NAME OF COMMITTEE (in Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Friends Of John Kerry Mailing Address 511 C Street Ne City State Zip Code DC 20002 Purpose of Disbursement Candidate Name Sen. John Kerry Office Sought: House Disbursement For: 2008 Mailing Address 22 West Padonia Road Suite A307 City State Zip Code Disbursement Disburseme	TEMIZED DISBURSEMENTS			21b	22 X 23 24 25
American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Friends Of John Kerry Mailing Address 511 C Street Ne City Washington DC 20002 Purpose of Disbursement Candidate Name Sea. John Kerry Office Sought: Viscought: Visco					
Transaction ID: 15573752 Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursem	NAME OF COMMITTEE (In Full)				
City State Zip Code 20002 Purpose of Disbursement Candidate Name Sen. John Kerry Office Sought: House President President President State: MA District: Full Name (Last, First, Middle Initial) Purpose of Disbursement Candidate Name Sen. John Kerry Office Sought: Yeinary General President State: MA District: Full Name (Last, First, Middle Initial) Candidate Name Sen. John Kerry Other (specify) ▼ State Zip Code MD 21093 Purpose of Disbursement Candidate Name Rep. C.A. Dutch Ruppersberger Office Sought: X House Senate Primary X General President Candidate Name President State: MD District: 02 Full Name (Last, First, Middle Initial) Re-Elect Brian Bilbray For Congress Mailing Address 2466 Unicornio Street City State Zip Code Carlsbad CA 92009 Purpose of Disbursement City State Zip Code Other (specify) ▼ Transaction ID: 15573754 Date of Disbursement this Perion Street City State Zip Code CA 92009 Purpose of Disbursement City State Zip Code CA 92009 Purpose of Disbursement City State Zip Code CA 92009 Purpose of Disbursement City State CA 92009 Purpose of Disbursement For: 2055 State CA 92009 Purpose of Disbursement For: 2056 City State CA 92009 Purpose of Disbursement For: 2056 City State CA 92009 City State CA 92009 Amount of Each Disbursement For: 2056 Amount of Each Disbursement For: 2056 City State CA 92009 Amount of Each Disbursement For: 2056 Amount of Each Disbursement For: 2056 Amount of Each Disbursement For: 2056 Amount					
Washington DC 20002 Purpose of Disbursement Candidate Name Sen. John Kerry Office Sought:	Mailing Address 511 C Street Ne				$\begin{bmatrix}\begin{smallmatrix}M\\OG\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\OO\end{smallmatrix}\end{bmatrix}^D \begin{bmatrix}\begin{smallmatrix}D\\OO\end{smallmatrix}\end{bmatrix}^D \begin{bmatrix}\begin{smallmatrix}Y\\OO\end{smallmatrix}\end{bmatrix}^Y \begin{bmatrix}\begin{smallmatrix}Y\\OO\end{smallmatrix}\end{bmatrix}^Y \begin{bmatrix}Y\\OO\end{smallmatrix}\end{bmatrix}^Y \begin{bmatrix}Y\\OO\end{smallmatrix}$
Candidate Name Sen. John Kerry Office Sought: House Sen. John Kerry Office Sought: House President State: MA District: Full Name (Last, First, Middle Initial) Dutch Ruppersberger For Congress Mailing Address 22 West Padonia Road Suite A307 City State Zip Code MD 21093 Purpose of Disbursement Candidate Name Rep. C.A. Dutch Ruppersberger Office Sought: X House Primary X General Category' Type Office Sought: X House Primary X General President State: MD District: 02 Full Name (Last, First, Middle Initial) Re-Elect Brian Bilbray For Congress Mailing Address 2466 Unicornio Street City State Zip Code Primary X General President State State Zip Code CA 92009 Purpose of Disbursement City State Zip Code CA 92009 Purpose of Disbursement City State Zip Code CA 92009 Purpose of Disbursement City State Zip Code CA 92009 Purpose of Disbursement City State Zip Code CA 92009 Purpose of Disbursement Candidate Name Brian Bilbray Office Sought: X House Disbursement For: 2005 Purpose of Disbursement Candidate Name Brian Bilbray Office Sought: X House Disbursement For: 2005 Primary X General President Other (specify) ▼ Amount of Each Disbursement this Perio Category' Type Office Sought: X House Disbursement For: 2005 Other (specify) ▼					Amount of Each Disbursement this Period
Sen. John Kerry Office Sought: House					1500.00
X Senate President Pr	Sen. John Kerry				
Full Name (Last, First, Middle Initial) Dutch Ruppersberger For Congress Mailing Address 22 West Padonia Road Suite A307 City State Zip Code MD Z1093 Purpose of Disbursement Candidate Name Rep. C. A. Dutch Ruppersberger Office Sought: X House Senate Primary X General City Carlsbad CA 92009 Purpose of Disbursement City State Zip Code State Zip Code Senate Primary X General Other (specify) ▼ Amount of Each Disbursement this Perior 1000.00 Transaction ID: 15573752 Date of Disbursement this Perior Amount of Each Disbursement this Perior 1000.00 Transaction ID: 15573754 Date of Disbursement ID: 15573754 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Perior Transaction ID: 15573754 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement ID: 15573754 Date of Disbursement Other (specify) ▼ Office Sought: X House Senate Primary X General Primary X General Other (specify) ▼ Other (specify) ▼	X Senate President	X Primary	General		
Mailing Address 22 West Padonia Road Suite A307 City State Zip Code MD 21093 Purpose of Disbursement Candidate Name Rep. C. A. Dutch Ruppersberger Office Sought: X House Primary X General Other (specify) ▼ City State: MD District: 02 Full Name (Last, First, Middle Initial) Re-Elect Brian Bilbray For Congress Mailing Address 2466 Unicornio Street City State Zip Code Carlsbad CA 92009 Purpose of Disbursement Candidate Name Brian Bilbray Office Sought: X House Disbursement For: 2005 CA 92009 Purpose of Disbursement Office Sought: X House Disbursement For: 2005 Senate Primary X General Category/ Type Office Sought: X House Disbursement For: 2005 Senate Primary X General Cother (specify) ▼ Office Sought: X House Disbursement For: 2005 Senate Primary X General Cother (specify) ▼ Other (specify) ▼	Full Name (Last, First, Middle Initial)				
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SCHEDULE B (FEC Form 3X)

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<u>/_</u>	Full Name (Last, First, Middle Initial) Mccollum For Congress Mailing Address P.O. Box 14131					Date		burser			6 2 0 0 8	Y
	City St. Paul Purpose of Disbursement	State Zip Code MN 55114				Amou	nt of	Each (Disbur		nt this P	-
	Candidate Name Rep. Betty McCollum		C	01 ateg Typ	ory/						^	
	X	ement For: 2008 (Primary General Other (specify)	ıl									
	Full Name (Last, First, Middle Initial) Diane E Watson For Congress Mailing Address 601 S Glenoaks BI #21:					Date		burse	D /		7 Ž 0 Ŏ 8	Y
	City Burbank Purpose of Disbursement	State Zip Code CA 91502	 Tr			Amou	nt of	Each (Disbur		nt this P	
	Candidate Name Rep. Diane E. Watson			01 ² ateg Typ	ory/							
	000 0 11 111 1 151	ement For: 2005										
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Detailed Summary Page	CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	FOR LINE (check only	
NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Forbes For Congress Mailing Address PO Box 15100 City State Zip Code Chiespeake VA 23328 Purpose of Disbursement Candidate Name Rep. J. Forbes Office Sought: VA House President State: VA District: 04 Full Name (Last, First, Middle Initial) City Cher (specify) ▼ State Zip Code Characteristics (A 90048 Purpose of Disbursement Candidate Name Rep. J. Forbes Office Sought: VA House President State: VA District: 04 Full Name (Last, First, Middle Initial) Conflice Sought: VA House Primary X General Primary General Pri		Detailed Summary Page	27	28a 28b 28c 29
American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Forbes For Congress Mailing Address PO Box 15100 City State Zip Code Chesapeake VA 23328 Purpose of Disbursement Candidate Name Rep. J. Forbes Mailing Address Po Box 326 City State: VA District: 04 Full Name (Last, First, Middle Initial) Solis For Congress Mailing Address 6380 Wilshire Blvd. #1612 City State: VA District: 04 Purpose of Disbursement Candidate Name Rep. Fild A Larsen Mailing Address PO Box 326 City State: VA District: 32 Full Name (Last, First, Middle Initial) Solis For Congress Mailing Address G380 Wilshire Blvd. #1612 City State Zip Code CA 90048 Purpose of Disbursement Candidate Name Rep. Fild Category' Type City State: VA District: 32 Full Name (Last, First, Middle Initial) Solis For Congress Mailing Address G380 Wilshire Blvd. #1612 City State Zip Code CA 90048 Purpose of Disbursement Candidate Name Mailing Address PO Box 326 City State Zip Code Code Category' Type City State Category' Type City State Category' Type City State Category' Type Category' Type Category' Type Transaction ID: 15573768 Date of Disbursement this Peric Category' Type Transaction ID: 15573768 Date of Disbursement this Peric Category' Type Transaction ID: 15573768 Date of Disbursement this Peric Category' Type Amount of Each Disbursement this Peric Category' Type Category' Type Category' Type Transaction ID: 15573787 Date of Disbursement this Peric Category' Type Catego				
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Los Angeles Purpose of Disbursement Candidate Name Rep. Hilda L. Solis Office Sought: X House Senate President State: CA District: 32 Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen Mailing Address PO Box 326 City Everett WA 98206 Purpose of Disbursement Candidate Name Rep. Rick Larsen Office Sought: X House WA 98206 Disbursement Office Sought: X House Primary X General Other (specify) Transaction ID: 15573787 Date of Disbursement Office Sought: Mailing Address Office Sought: X House Primary State WA 98206 Office Sought: X House President Office Sought: X Primary General Other (specify)	Mailing Address 6380 Wilshire Blvd. #16	12		06 09 7 2008
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Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen Mailing Address PO Box 326 City State Zip Code Everett WA 98206 Purpose of Disbursement Candidate Name Rep. Rick Larsen Office Sought: X House Senate President Disbursement For: 2008 X Primary General Other (specify) Other (specify) Other (specify)	Senate President	Primary X General		
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Candidate Name Rep. Rick Larsen Office Sought: X House Senate President Other (specify)				Amount of Each Disbursement this Period
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 37 / 48
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one)] 22 X 23]	24
	Detailed Summary Page	27	28a 28b	28c 29 30b
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NAME OF COMMITTEE (In Full)	and address of any political c	Committee to son	cit contributions from s	Such committee
American Podiatric Medical Association Po	litical Action Committee			
Full Name (Last, First, Middle Initial) Dave Camp For Congress			Transaction ID: 1 Date of Disburseme	
Mailing Address 2501 Wisconsin Avenue Ste. 304			06 09	2008
City	State Zip Code DC 20007		Amount of Each Dis	bursement this Period
Purpose of Disbursement		011		2000.00
Candidate Name Rep. David Lee Camp		Category/ Type		
	ment For: 2008 Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)			Transaction ID: 1	5572701
Markey Committee, The			Date of Disburseme	
Mailing Address P.O. Box 526			$\begin{bmatrix} 0 & 6 & 0 & 0 \end{bmatrix}$	2008
•	State Zip Code MA 02155		Amount of Each Dis	bursement this Period
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Candidate Name Rep. Edward J. Markey		Category/ Type		
Senate X President	ment For: 2008 Primary General Other (specify)			
State: MA District: 07				
Full Name (Last, First, Middle Initial) Friends Of Jane Harman			Transaction ID: 1 Date of Disburseme	ent
Mailing Address PO Box 96			06 09	Ý Ž 0 Ď 8 Š
	State Zip Code CA 90507		Amount of Each Dis	bursement this Period
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Candidate Name Rep. Jane Harman		O11 Category/ Type		
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	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check or	E NUMBER: PAGE 38 / 48
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Association F	olitical Action Committe	e	
	Full Name (Last, First, Middle Initial)			Transaction ID: 15573798
	Tim Bishop For Congress			Date of Disbursement
	Mailing Address PO Box 437			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Farmingville	State Zip Code NY 11738		Amount of Each Disbursement this Period
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	Rep. Timothy Bishop	ement For: 2008	Туре	_
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	State: NY District: 01			
	Full Name (Last, First, Middle Initial) Crapo for U.S. Senate			Transaction ID: 15573800
				Date of Disbursement O 6 0 9 2 0 0 8
	Mailing Address			06 09 2008
	City	State Zip Code ID		Amount of Each Disbursement this Period
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	Candidate Name Mike Crapo		Category/ Type	
		ement For: 2010 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) Our Congress PAC			Transaction ID: 15573803 Date of Disbursement
	Mailing Address PO Box 344			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Prescott	State Zip Code AR 71857		Amount of Each Disbursement this Period
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	Candidate Name		011 Category/ Type	
	Office Sought: House Disburs	ement For: Primary General Other (specify)	1	
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L	NAME OF COMMITTEE (In Full)	e name and address of any politica	al COI	mmillee to so	micit contributions from such committee	
ı \	American Podiatric Medical Associati	on Political Action Committe	е			
	Full Name (Last, First, Middle Initial) Castle Campaign Fund				Transaction ID: 15573813 Date of Disbursement	
ľ	Mailing Address P.O Box 133				06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Y
\	City Wilmington	State Zip Code DE 19899			Amount of Each Disbursement this Pe	eriod
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	Rep. Michael N. Castle		~	Type		
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	Full Name (Last, First, Middle Initial) Marion Berry For Congress				Transaction ID: 15606547 Date of Disbursement	Y
_	Mailing Address 236 Masschusetts A Ste. 508				$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Q & O & N \end{smallmatrix} \end{bmatrix} $	
	City Washington	State Zip Code DC 20002			Amount of Each Disbursement this Pe	erioc
Ē	Purpose of Disbursement 2008 General Election Contribution			011	1500.00	
-	Candidate Name Rep. Marion Berry		С	Category/ Type		
	Office Sought: X House Senate President State: AR District: 01	Sbursement For: 2005 Primary X General Other (specify) ▼			2008 General Election Contribution	
	Full Name (Last, First, Middle Initial) Capuano For Congress Committee				Transaction ID: 15606578 Date of Disbursement	
ľ	Mailing Address 38 Ivy Street SE				$\begin{bmatrix} 0 & 6 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 0 \\ 0 & 0 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 0 \\ 0 & 0 & 0 \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 0 \\ 0 & 0 & 0 \end{bmatrix}$	Y
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	Candidate Name Rep. Michael Capuano		C	Category/ Type		
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ITEMIZED DISBURSEMENTS	SOLIEDOLE D	(FEC Form 3)	Use sec	parate schedule(s)		-	NUMBER:		PAGE 40) / 48
NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Barbara Lee For Congress Mailing Address Kalik & Associates PO Boz 341263 City State Zip Code Bethesda MD 20827 Purpose of Disbursement 2008 General Election Contribution Candidate Name Rep. Barbara Lee Office Sought: X House Senate President State: CA District: 09 Full Name (Last, First, Middle Initial) Levin For Congress Mailing Address P.O. Box 37 City State Zip Code MD 20827 Purpose of Disbursement For: 2005 Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) Levin For Congress Mailing Address P.O. Box 37 City State Zip Code MI 48066 Purpose of Disbursement Candidate Name Rep. Sander M. Levin Office Sought: X House Senate Primary General Type Office Sought: New York Senate Primary General Type Disbursement Cardidate Name Rep. Sander M. Levin Office Sought: X House Senate President State: MI District: 12 Full Name (Last, First, Middle Initial) Upton For All Of Us Mailing Address 104 Hume Avenue City State Zip Code Amount of Each Disbursement Initial Primary General Type Other (specify) ▼ Transaction ID: 15606602 Date of Disbursement Initial Primary Election Contribution Candidate Name Rep. Fred Upton Office Sought: X House Senate Primary Election Contribution Candidate Name Rep. Fred Upton Office Sought: X House Senate President VA 22301 Purpose of Disbursement VA 22301 Purpose of Disbursement Zoos Primary Election Contribution Candidate Name Rep. Fred Upton Office Sought: X House Senate President Senate Rep. Fred Upton Office Sought: X House Senate President Contribution Candidate Name Rep. Fred Upton Office Sought: X House Senate President Senate Rep. Fred Upton Office Sought: X House Senate Rep. Fred Upton Office Sought: X House Senate Rep. Fred Upton Other (specify) ▼	TEMIZED DISE	3URSEMENTS	S for each	category of the	ĮĘ	21b [
NAME OF COMMITTEE (in Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Barbara Lee For Congress Mailing Address Kalik & Associates PO Boz 341263 City Barbara Lee Bethesda MD 20827 Purpose of Disbursement 2006 General Election Contribution Candidate Name Rep. Barbara Lee President State: CA District: 09 Full Name (Last, First, Middle Initial) Levin For Congress Mailing Address P.O. Box 37 City State Zip Code MI Zip Code Miling Address P.O. Box 37 City State: Zip Code MI Zip Code Miling Address Mane Rep. Sander M. Levin Office Sought: Xip House Senate President State: MI District: 12 Full Name (Last, First, Middle Initial) Upton For All Of Us Mailing Address 104 Hume Avenue City Alexandria VA Zig 20 City State Zip Code VA Zig 20 Amount of Each Disbursement this Peter Code Miling Address 104 Hume Avenue City State Xip Code VA Zig 20 Amount of Each Disbursement this Peter Code Miling Address 104 Hume Avenue City State Xip Code VA Zig 20 Amount of Each Disbursement this Peter Code VA Zig 20 Amount of Each Disbursement this Peter Code VA Zig 20 Amount of Each Disbursement this Peter Code VA Zig 20 Amount of Each Disbursement this Peter Code VA Zig Vi Yip Vi Yip Viv City Code Primary Election Contribution Candidate Name Rep. Fred Upton Office Sought: Xip House Senate VA Zig Oneral President VA Repurper Code VA Zig Oneral VA Zig Oneral VA Repurper Code VA Zig Oneral V										
Barbara Lee For Congress	NAME OF COMMIT	TEE (In Full)								
Mailing Address Calik & Associates PO Boz 341263	•	•							06579	
City Bethesda Purpose of Disbursement 2008 General Election Contribution Candidate Name Rep. Barbara Lee Office Sought: X House President State: CA District: 09 Full Name (Last, First, Middle Initial) Levin For Congress Mailing Address P.O. Box 37 City Roseville Rep. Sander M. Levin Office Sought: X House Purpose of Disbursement Category/ Type Transaction ID: 15606602 Date of Disbursement District: 09 Full Name (Last, First, Middle Initial) Levin For Congress Mailing Address P.O. Box 37 City Roseville Mil 48066 Purpose of Disbursement District: 12 Full Name (Last, First, Middle Initial) Levin Candidate Name Rep. Sander M. Levin Office Sought: X House Senate President District: 12 Full Name (Last, First, Middle Initial) Upton For All Of Us Mailing Address 104 Hume Avenue City Mailing Address 104 Hume Avenue City Alexandria VA 22301 Furpose of Disbursement Condidate Name Rep. Fred Upton Office Sought: X House Disbursement Cardidate Name Rep. Fred Upton Office Sought: X House Disbursement Cardidate Name Rep. Fred Upton Office Sought: X House Disbursement Cardidate Name Rep. Fred Upton Office Sought: X House Disbursement For: 2008 X Primary General Disbursement Category/ Type Amount of Each Disbursement this Perecated the Perecated Rep. Fred Upton Office Sought: X House Disbursement For: 2008 X Primary General Disbursement Tory Category/ Type Office Sought: X House Disbursement For: 2008 X Primary General Disbursement Contribution Candidate Name Rep. Fred Upton Office Sought: X House President Disbursement For: 2008 Disbursement For: 20	_		s					20	žo	8 0
2008 General Election Contribution Candidate Name Rep. Barbara Lee Office Sought:	City	1 0 202 0 11200					Amount o	f Each Disbur		
Rep. Barbara Lee Office Sought:					C)11			1000	.00
Senate President State: CA District: 09 Full Name (Last, First, Middle Initial) Levin For Congress Mailing Address P.O. Box 37 City State Zip Code MI 48066 Purpose of Disbursement 2008 Primary Election Contribution Candidate Name Rep. Sander M. Levin Office Sought: X House Senate President VA 22301 Full Name (Last, First, Middle Initial) Upton For All Of Us State Zip Code MI 48066 Amount of Each Disbursement this Persident Senate President VA 22301 Transaction ID: 15606602 Date of Disbursement this Persident Senate President Senate President VA 22301 Transaction ID: 15606603 Date of Disbursement this Persident Senate President Senate President VA 22301 Amount of Each Disbursement this Persident Senate President VA 22301 Transaction ID: 15606603 Date of Disbursement Tore 2008 Amount of Each Disbursement Inc. 15606603 Date of Disbursement Tore 2008 Amount of Each Disbursement Inc. 15606603 Date of D		;								
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SCHEDULE B (FEC Form 3X)

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City Washington	State Zip Code DC 20003		Amount of Each D	Disbursement this Period
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Sestak for Congress			Date of Disbursen	
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City Media	State Zip Code PA 19063		Amount of Each D	Disbursement this Period
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Andre Carson For Congress			Date of Disbursen	nent
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\rangle	American Podiatric Medical Association P	olitical Act	ion Committee	•	
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	Gene Green Congressional Campaign				Date of Disbursement
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Full Name (Last, First, Middle Initial) Dan Lipinski for Congress Mailing Address 5838 South Archer Avenu	ue	Transaction ID: 15792598 Date of Disbursement
Chicago Purpose of Disbursement Candidate Name	State Zip Code IL 60638 011 Category/	Amount of Each Disbursement this Period 1000.00
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